

AUG 25 1941

Registration District No. 604

Primary Registration District No. 4360

Registrar's No.

1. PLACE OF DEATH:

(a) County. New Madrid  
(b) City or town. Point Pleasant  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. No  
(Specify whether years, months or days)  
In this community.

3. (a) PRINT FULL NAME

James L. Hamilton

3. (b) If veteran. name war. 3. (c) Social Security No.

4. Sex. male 5. Color or race. colored 6. (a) Single, widowed, married, divorced. cc  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 10 - 1940  
7. Birth date of deceased. Sept (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
9 29 hr. min.

9. Birthplace. Point Pleasant (City, town, or county) (State or foreign country) mo

10. Usual occupation. Infant

11. Industry or business

12. Name. Peter Hamilton  
13. Birthplace. Point Pleasant (City, town, or county) (State or foreign country) mo  
14. Maiden name. Elizabeth Williams  
15. Birthplace. Point Pleasant (City, town, or county) (State or foreign country) mo

16. (a) Informant. Peter Hamilton  
(b) Address. Point Pleasant, mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. July 16-1941 (Month) (Day) (Year)

(c) Place: burial or cremation. Magnolia Cemetery, Point Pleasant, Mo

18. (a) Signature of funeral director. L. Richards Jr  
(b) Address. New Madrid

19. (a) 7-25-41 (Date received local registrar) (b) Wm O Bannan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(c) State. mo (d) County. New Madrid  
(c) City or town. Point Pleasant (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. July day. 9 year. 1941 hour. 1:30 minute. 0 M.

21. I hereby certify that I attended the deceased from July 7th 1941 that I last saw him alive on July 7th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. Asphyxiation Duration  
Due to. Same  
Due to. 9

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).  
(b) Date of occurrence.  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature. Wm O Bannan (M, D. or other) mo  
Address. Point Pleasant, mo signed 7/9/41

RECEIVED

District Health Office No. 2

District File Number 841-1128

Date Filed 8-19-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... No.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.